Wile (W. C.)

SURGICAL NOTES

FROM THE

CASE BOOK

OF A

GENERAL PRACTITIONER,

BY

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REPRINT FROM

New England Medical Monthly,

JULY, 1886.

With the
COMPLIMENTS
of

SURGICAL NOTES FROM THE CASE BOOK OF A GENERAL PRACTITIONER.—SERIES II.

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Read before the Connecticut State Medical Society.

IN presenting the Second Series of Notes from the Case Book of a General Practitioner, I have selected not those which are the most dangerous to life, or those, in which operations for their relief are the most difficult to perform, but rather such as illustrate the large scope of cases which fall under the care of the general practitioner, and which as a rule are sent to the specialist in the large cities.

This paper will emphasize the facts as set forth in my paper to this body last year, viz., that the general practitioner with the necessary knowledge (which all should have acquired before entering the practice of medicine) can perform such operations and take care of such cases with as good success as the specialist. The very liberal and kind manner in which the medical press received my last effort has been so gratifying, that it has been quite an important factor in preparing this paper. I consider this series fully as interesting as those previously reported for your consideration. Again my friend Dr. A. W. Leighton, with his skillful pen and brush, has illustrated the different cases, which I am sure will be fully appreciated by the reader, and will add not a little to the elucidation of the text as well as increase the interest in the same.

During the large surgical experience in the last year I have become more and more firmly convinced that thorough antisepsis is the only method to be pursued in the treatment of wounds. With complete and thorough antiseptic treatment all of the dread of many complications, which used to make the most brilliant operator quail, gives way, and inspires one with a degree of confidence which can be obtained by no other means.

DISEASE OF THE LOWER EXTREMITY OF THE TIBIA.—OPERATION.—RECOVERY.

The following case is not presented on account of its rarity or that the operation for its relief was of a novel or perilous character, but because of the exciting cause which led to such grave destruction of bone tissue, which was so unique. I have never seen such a case referred to in any of the text books of the day, nor in the medical prints. John T., aged fourteen, was sent by his parents to consult me in reference to a pain in his ankle joint. Being absent from home, he went to another doctor in the vicinity, who diagnosed a dislocation of the joint, and with somewhat violent manipulation of the affected part, finally decided that he had reduced it. The next day I was called to see him at his home. On my arrival I found no history of any accident, no fall or blow to account for the diagnosis of dislocation. On the second day preceding the one on which I saw him, he had found on rising in the morning that there was considerable stiffness and soreness in the joint, which gradually grew worse until the time he called at my office; at which time there was considerable swelling and pain. On the occasion of the manipulations of the doctor, the patient, (who was an unusually bright and intelligent boy for his age,) had suffered intensely, which suffering had increased in severity to the time of my visit. I found

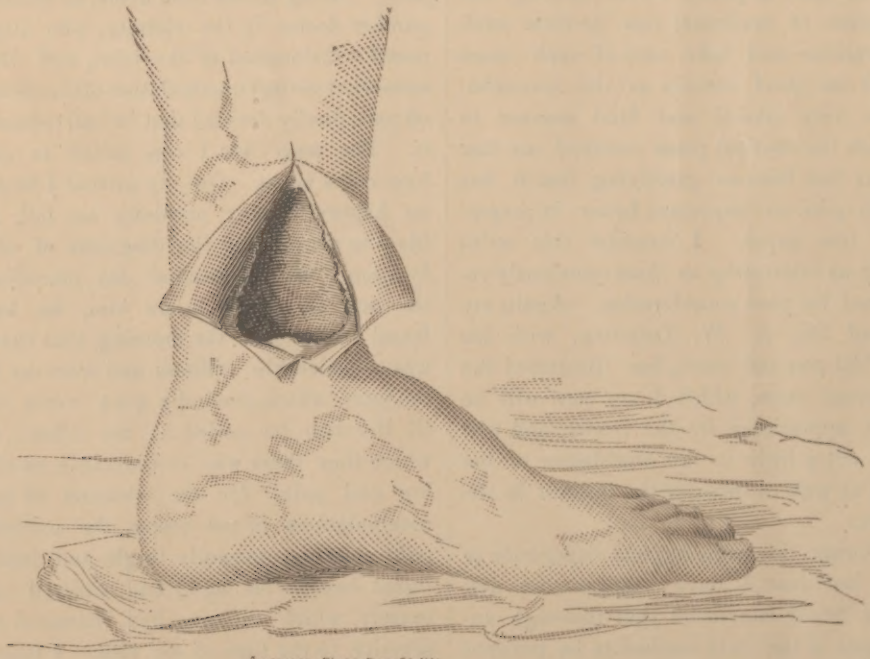
him with a pulse of 124, temperature 104°, great thirst, suffering excruciating pain in the right ankle, which was swollen badly and exceedingly painful to the touch. I also found the left knee and the right elbow somewhat swollen and painful, bowels constipated, urine scanty and high colored, no appetite, considerable headache. I made the diagnosis of acute inflammatory rheumatism, which all of the symptoms warranted. I prescribed for him one pill of salicylate of cinchonidia, containing two and one half grains, every two hours, and the following mixture, twenty drops every four hours:

℞. Potass. iodide, - - - ℥j
Vin. colch. sem., - - - ℥ij

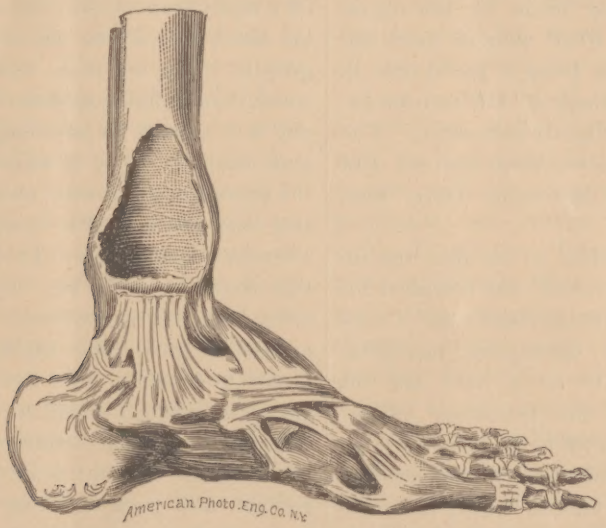
I also ordered the bowels to be thoroughly unloaded by the administration of a ten grain dose of hydrarg. chlor. mite., which was followed in six hours with a dose of castor oil.

On the following morning I found him much more comfortable. The pain was much less, and quite endurable, the swelling had subsided considerably, the bowels had been thoroughly unloaded through the combined action of the calomel and oil; temperature 100°, pulse 100.

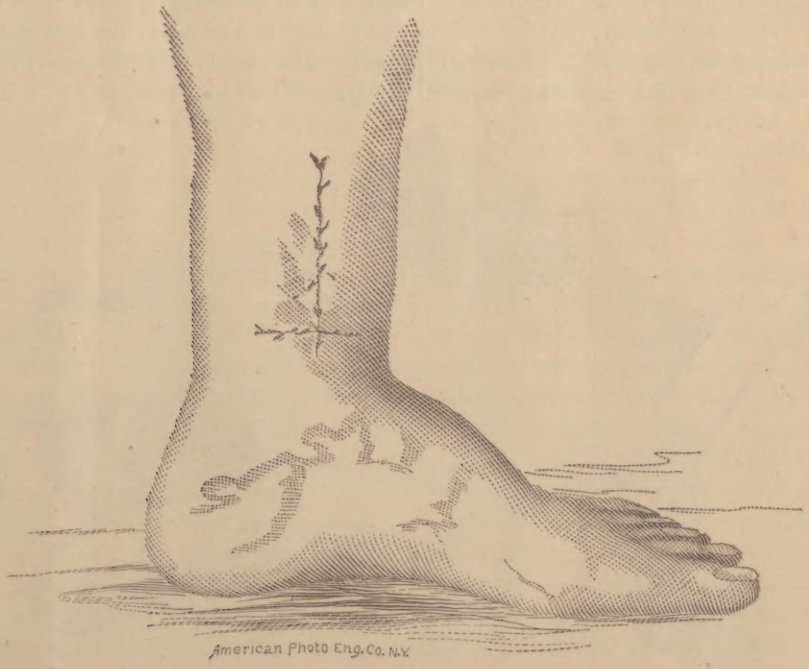
The next day the symptoms were better still. The temperature and pulse were nearly normal; the pain, heat and swelling in all of the joints had very materially decreased; the movements of the joint were not very painful. The case gradually continued to improve for the next two weeks, when every vestige of the rheumatism had disappeared. There still remained, however, in the ankle first attacked (and manipulated) a considerable degree of tenderness, swelling and pain, which could not be accounted for on any hypothesis of the rheumatic trouble. I soon noticed signs of suppuration, when I commenced the liberal application of hot water and poultices. In a few days the abscess was opened and after the evacuation of a considerable quantity of pus I found that the surface of the condyle was denuded of periosteum and that the periosteal inflammation extended quite a little distance up the bone. In about six weeks I decided to operate for the removal of the dead bone.



I was urged to this course on account of the boy's sufferings, and his increasing prostration and emaciation. So on January 15, 1884, with the kind assistance of my friend Dr. G. L. Porter, of Bridgeport, I made a "T" shaped incision, carrying it down to the bone, carefully lifting up the diseased periosteum, and, cautiously peeling it up, with the gouge, hammer, chisel and scoop, cut the diseased portions away. The operation was tedious on account of the quantity of tissue to be removed and our desire to leave every particle of sound bone that we could.



The illustrations accompanying this paper will convey the manner of the incision, and the extent of the excavations. In fact, when the operation was finished the whole lower extremity of the tibia was nothing but a mere shell. The



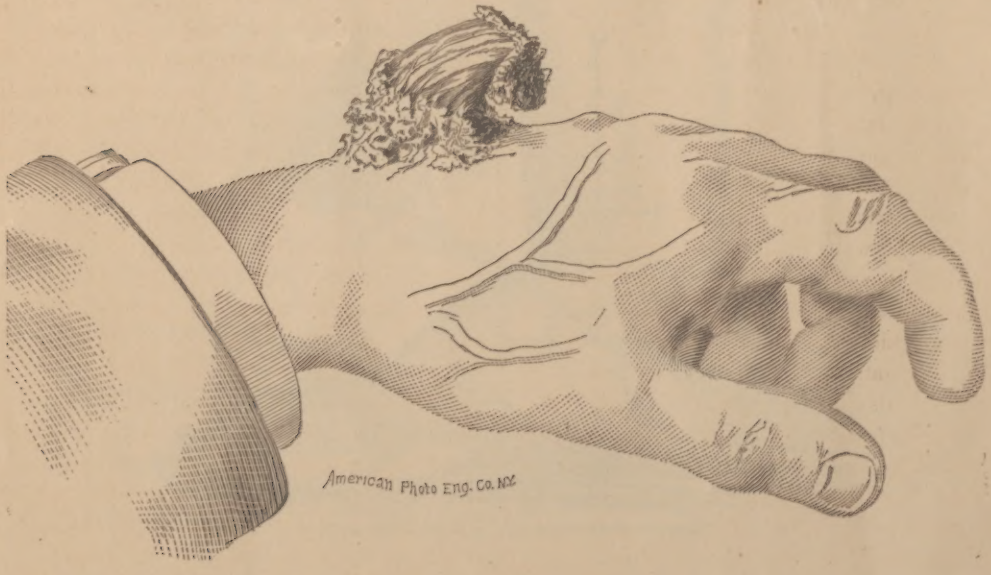
wound was packed full of wet carbolized lint (1 to 30), well bandaged, and felt splints placed on the inner side of the leg and ankle for support. The boy's health improved immediately. The reproduction of the bone commenced promptly, and in the course of the next six months the cavity made by the operation had entirely filled without much deformity, the ankle being a useful one; in fact, he scarcely limps at all, and the deformity is only slightly noticeable. The result in this case was more than we had a right to expect, and much better than we had hoped for.

It is quite evident to me that the inflammatory rheumatism was mistaken for the dislocation, (unpardonable as it may seem,) and the consequent manipulations, in order to set a bone not out of place, lit up the periosteal inflammation which resulted in so extensive bone disease and destruction. I neglected to mention that the motion of the joint seems to be perfect, owing to the fact that manipulations were commenced soon after the operation.

EPITHELIOMA OF THE HAND.—OPERATION AND RECOVERY.

On account of the size and situation of the growth in this case I thought it of sufficient interest to report. I was called to see Mr. W., aged seventy-four, of Easton, Conn., American, who had an abnormal growth on the dorsal surface of the left hand. He gave me the following history:

About twenty years ago he knocked off a small piece of skin from the back of his hand, and at the site of his present growth. This was done while chopping wood, from a flying splinter. The wound did not amount to anything, but never quite healed. After a while it assumed the appearance of a wart, and if the top of this were knocked off it would cause considerable hemorrhage. It remained in this condition with but slight enlargement for about twelve years when it commenced to grow quite rapidly, and continued to do so up to the time of my visit. On examination I found a large epithelioma of the dorsal surface of the hand, which was of a hard texture at its apex, and soft and granular at its base. This horny part was over an inch long and as much in width. At the base was a fissure from which a most offensive odor came. The surrounding tissue was congested and looked angry and erysipelatous; it also caused him considerable pain at times. The best idea of the general



shape and character of the growth can be obtained by consulting the accompanying cut. At this time also the slightest injury would bring on a considerable hemorrhage which was not easily checked.

I advised its immediate removal and on December 5th, 1885, in the presence of, and with the kind assistance of Dr. L. D. Wilcoxson, of Newtown, Conn., and Miss Annie M. Reade, M.D., of Redding, Conn., performed the operation by making an elliptical incision, commencing below the wrist and extending forward to the metacarpo-phalangeal articulation. The edges of the wound were brought together as well as possible and the whole sprinkled with iodoform and dressed with antiseptic dressings, corrosive sublimate, 1 to 1,000, being used in all of the washings, and for the sponges during the operation, the instruments being placed in the usual carbolized solution, 1 to 30.

The case was left in the charge of Dr. Reade, to whom due credit must be given for the skillful after care and excellent results. In about two months the wound was perfectly healed and the man restored to health.

DISASTROUS RESULTS FOLLOWING THE INJECTION OF PURE CARBOLIC ACID FOR THE RADICAL CURE OF HYDROCELE.

The following case is exceedingly interesting, on account of the severe and nearly fatal results following the injection of pure carbolic acid, into the scrotal sac, for the radical cure of hydrocele. Out of the many cases of this common disorder which, in an active practice of nearly seventeen years I have treated, I *never* have seen a single instance which approaches the severity of the subsequent inflammation, and the destruction of so much tissue, as occurred in this case. Many operations have, from time to time, been suggested for the radical cure of this condition, but I fully believe with Dr. Sands, of New York, that no means have been employed which will give such satisfactory results, and cure so large a percentage of cases, as the old one of evacuating the contents of the sac, and injecting into it the tincture of iodine. I think that failure to get the best results from this treatment, lies in the fact that the quantity as ordinarily injected, is not only too small, but is not fully distributed all over the sides of the sac.

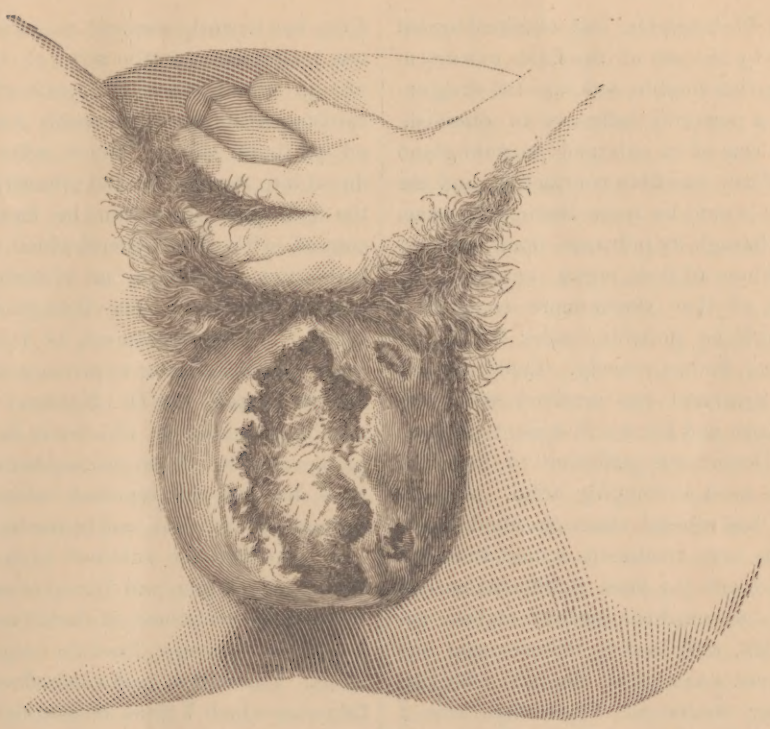
I am in the habit of using from two to four drachms of the tincture, kneading it well, and being sure that it has come in contact with every part of the lining membrane, and *leaving it in.* In upwards of sixty cases, I have not in a single instance, failed to effect a permanent cure, and without excessive and never with destructive inflammation. If this plan is carefully followed, I am sure the results will be all that can be desired, both for the patient and operator. The use of carbolic acid has been advocated warmly by many members of the profession, but I am sure that after reading the following case carefully, they will hereafter use it with extreme caution.

Mr. B., aged forty years, American, well built, muscular, of full habit, weighing one hundred and forty pounds, a farmer by occupation, who had always enjoyed good health, sent for me on Saturday, February 27th, 1886. On arriving at his house, he gave me the following history :

About a year ago, he noticed a commencing enlargement of his scrotum, which gradually increased until it was nearly three times its ordinary size, in which condition it caused him so much inconvenience that he decided to get some surgical advice about it, so that six months after his discovery, he consulted a prominent physician of Bridgeport, Conn., who diagnosed hydrocele, and advised tapping and injecting it, which was consented to, the operation being performed at that time, but with no results whatever. In a short time he noticed that the fluid had commenced to reaccumulate, and at the end of six months

more, with the scrotum about the same size as at first, he consulted the same physician, who this time suggested that the sac be injected with pure carbolic acid, which was readily agreed to. The operation was performed, the patient returning to his home the same day, which was Saturday, February 20th, 1886, and the following Saturday I visited him for the first time. Immediately considerable inflammation developed, which the doctor had predicted as possible, and for which he had given a prescription for a lotion of lead and opium, to apply externally in the event of its becoming excessive, and some granules of morphine to allay the pain if it should be necessary to use them. In spite of these remedies which were faithfully used, the inflammation spread and the resulting suffering was terrible. Supposing however that this was as it should be, and the result to be hoped for in order to effect the cure, he bore it patiently, and did not call in professional aid until the following Saturday, when I saw him and found him in the following condition:— Tongue heavily coated; pulse 120, small and weak; temperature 102.3°; skin hot and covered with a profuse perspiration which rapidly cooled. The scrotum was swollen very much, exceedingly sensitive to pressure or manipulation, and was at least five times its natural size. It was congested, almost purple in hue, denoting marked impediment to the local circulation. No fluctuation could be detected. Bowels obstinately constipated, and he exhibited all the exhausting effects of violent inflammatory trouble. Examination of the urine showed traces of carbolic acid, and the patient exhibited marked evidence of the absorption of a considerable quantity of this drug. I at once applied hot fomentations, gave morphine in liberal doses to relieve the pain, ordered two grains of quinine every two hours, together with all of the stimulants that he could take. An injection was ordered and administered consisting of one ounce each of senna leaves and epsom salts, steeped twenty minutes in a quart of hot water; beef tea, milk and nourishing food *ad libitum*.

The following morning, the 28th, I found that the bowels had moved freely, but the line of inflammation had extend- up to the base of the penis, with consequent increased suffering. The pulse and temperature were the same. Profuse perspiration, with diminished secretion of urine. No point of fluctuation could be detected. On my third visit which was made on the morning of the 1st of March, all of the symptoms were aggravated. The sweating was exceedingly profuse and exhausting, so much so that the clothing had to be repeatedly changed during the preceding twenty-four hours. Pulse weaker and more thready, and 126. Temperature 103.1° and every indication of rapidly decreasing vitality. The scrotum was intensely congested and exquisitely painful, and though it was tense to an unusual degree, still no point of fluctuation could be detected. I decided however to make an exploratory incision, being well convinced that there was concealed matter pent up somewhere. On making the opening I found a considerable quantity of pure inodorous pus, hidden behind the enormously hypertrophied walls of the scrotum. Extending my incision in both directions, above and below the original opening, I completely evacuated the sac, washing the cavity out thoroughly with a strong solution of phenol sodique. Great relief was experienced at once, and the patient's condition seemed considerably improved, though the weakness and exhaustion were very great. On my second visit of that day, I found the temperature 101°, pulse 110; and the excessive sweating continuing without abatement. The patient was very weak, and it did seem that stimulants were of no avail in keeping up his strength. The pain had left him almost



entirely and his bowels had been moved freely with an injection. I increased the quinine to four grains every three hours, stopped the morphia, gave bromide of potassium for sleeplessness, which was present, increased the stimulants to a tablespoonful every half hour, and ordered liberal doses of Murdock's Liquid Food. The most concentrated foods which could be made in the fluid form were freely given, and twenty drops of the aromatic sulphuric acid was ordered every four hours, together with 10 drop doses of aromatic spirits of ammonia every two hours. At this visit I carefully examined the sac. To the right of the raphe I found a large section of the tissue dead, and all the conditions of a well defined slough forming. Poultices were continued. The cavity was thoroughly washed out with a strong solution of the phenol sodique, perfect quiet enjoined, and strict attention to the details as laid down insisted upon. The next day the slough separated and the patient entered upon a long and tedious convalescence. The cut illustrates the condition at the time the slough was removed, showing the exposed testicle peeping through the larger opening. Good nursing, a liberal diet, iron, quinine and tonics finally brought him through, though not without hard work. I am indebted to my partner Dr. E. M. Smith, for valuable assistance in this case.

A CASE OF RETENTION OF THE URINE FROM ENLARGED PROSTATE AND OCCLUSION OF THE URETHRA FROM PRESSURE AND STRICTURES.—OPERATION.—RECOVERY.

The successful treatment of an enlarged prostate in advanced age has been a fruitful theme for discussion among surgeons from time immemorial. The literature upon the subject is simply enormous and the proposed surgical procedures are numerous and the remedies employed or recommended are equally numerous, and yet to-day we are really as far off from the desired end as we were fifty years ago. The medical journals a few years ago announced that Professor Ag-

new, of Philadelphia, had obtained signal success by the use of the fluid extract of ergot in this trouble, and that the drug exercised a powerful influence in diminishing the size of an enlarged prostate gland by capillary and fibre contraction, and the bladder would be more thoroughly evacuated through its influence upon the muscular fibres of that organ, causing contraction of that viscus more completely than could be possible under the use of any other known remedy. Quite naturally the treatment was received with great enthusiasm and the world-wide reputation of the Doctor was sufficient to have the remedy most thoroughly tried. At this time I had several cases on hand and I gave the new treatment a most thorough trial and with the most indifferent results, and if the medical journal reports are any index, they would indicate that my experience was almost identical with that of other observers. Since that time I have had my quota of this class of cases as usually fall to the lot of the busy practitioner, and beyond the point of educating my patients in the proper manner of using the catheter, and advising its steady and persistent use, insisting upon a thorough evacuation of the contents of the bladder at each operation, as the best means at my disposal for their relief, I have had to be content with such palliative measures as would diminish irritability and keep the general health in as good condition as possible. The German surgeons have been operating upon a considerable number of cases in the past two years, for the radical cure of this malady, by removing a part or the whole of the gland by an incision through the perineum, but statistics show that no very favorable results, have been obtained, and I am satisfied that it will have to be considerably modified and a less dangerous operation substituted before it becomes popular with any considerable number of conservative surgeons. My distinguished friend, Dr. Robert Newman, of New York City, has recently devised a very ingenious instrument for the relief of this condition. It consists of an insulated sound, carrying at its distal extremity a concealed platinum cautery, which when introduced into the urethra and pressed against the enlarged gland, can be brought in contact with the hypertrophied tissues, and when attached to an electro-cautery battery will burn its way through into the bladder. This instrument, as I said before, is new and the experience with its use is limited, but Dr. Newman reports excellent success in the cases on which he has used it. A larger number of cases must however be reported before a just estimate of its value can be made, though I do think that the *rationale* of the operation is a good one, and I cannot see why, if skillfully performed, it should not prove invaluable in many, if not the majority, of cases. I intend to make the effort on the first case which I think is adapted to this mode of treatment.

The following case is so unique in so many particulars that I am constrained to present it to you for your careful consideration, not that it brings forth any new or startling forms of treatment, or devises any new surgical procedure which will apply to every case of enlarged prostate gland, but it may illustrate the fact that by a new procedure complete immunity may be enjoyed from pain, and the remaining days of a well spent life may be passed in comfort and ease. Death, surely as fate, stared this man in the face, and his agony was simply terrible to witness at the time when I operated on him. I never performed an operation in my life where the results were more gratifying than those in this case.

Mr. J———,married, American, 77 years old, had been afflicted for twelve years previous to my seeing him first, with what he termed a bladder and kidney trouble. He had been for the most of this time under the care of an ignorant practitioner, who had dosed and dosed him

until all of the indigenous materia medica, as well as all of the remedies he could hear of having a bearing on the case had been used. From the simple irritability of the bladder and the supposed disease of the kidneys with which his attack commenced, he gradually grew worse until occasional retention would take place and the services of the medical man would be required to relieve the bladder of its contents, which was accomplished through the ignorance of the operator after painful and prolonged effort. These attacks of retention became more and more frequent accompanied finally by hematuria, until about three years previous to the operation when I was called at midnight to see him.

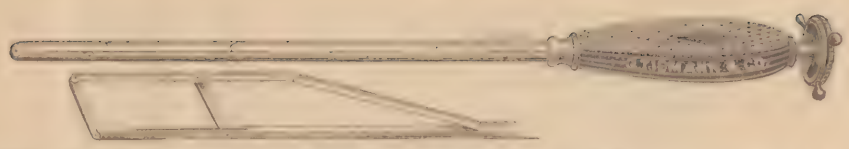
On arriving at the house I found that for twenty-four hours his physician had made many and vain attempts to introduce the catheter and relieve the distention of the bladder. The man was walking the floor in great agony, moaning with pain. He held in his hand a small tin cup into which every few moments he would introduce his penis and make strenuous efforts to relieve himself by passing the water, but all were unsuccessful and every effort he made only tended to increase his sufferings. The perspiration was streaming down his face and every movement indicated severe pain. His pulse was rapid, the bladder enormously distended, (retention having been complete for about forty hours,) reaching nearly if not quite to the umbilicus. The front of his shirt was covered with blood, and every where he had laid down was in the same condition, as well as numerous cloths which were shown us. The meatus was closed with clotted blood, all of which had been caused by the cruel and unscientific efforts of the operator to get into the bladder. The urethra was capacious and there was no reason for this condition, save ignorance of the proper mode of treating and manipulating such cases. Placing him upon his back, I quickly oiled a soft catheter No. five (French scale) and commenced the task of trying to dodge the numerous false passages, pockets and holes made in the mucous membrane lining the urethra. I counted no less than five on my trip to the bladder, many of which I got into and backed out of as gracefully as possible.

I do not think that in a somewhat extended experience as a general practitioner of medicine I have ever seen a case where there were so many false pockets, though I have had my experience with other butchering cases of a similar character. The urethra was exceedingly sensitive, tender and difficult to manipulate. On entering the bladder, which I soon succeeded in doing, I slowly drew off nearly four quarts of urine which made the patient feel quite comfortable. The next day I was called to permanently take charge of the case, which I retained to the end. On examining him at this visit *per rectum* I found an enormously enlarged prostate, which was evidently the factor in the case. A careful examination of the urine failing to show any symptoms of a character which would lead us to suspect any organic disease of the kidneys, a conclusion which was verified as long as he lived, I at once commenced to teach the patient that he must pass the catheter himself, and that it must be done systematically. To teach him the procedure was not so easy a matter, but with a little patience and perseverance this was accomplished, and he became quite expert. Still I would be compelled to pass it myself at varying intervals during the year which followed, and this would be especially so at the times when the hematuria would be present. As for the pockets some of them healed with firm cicatrices, which formed into strictures, and these gradually contracting made matters more and more complicated, so that, in spite of repeated dilatations by sounds at varying intervals, and ener-

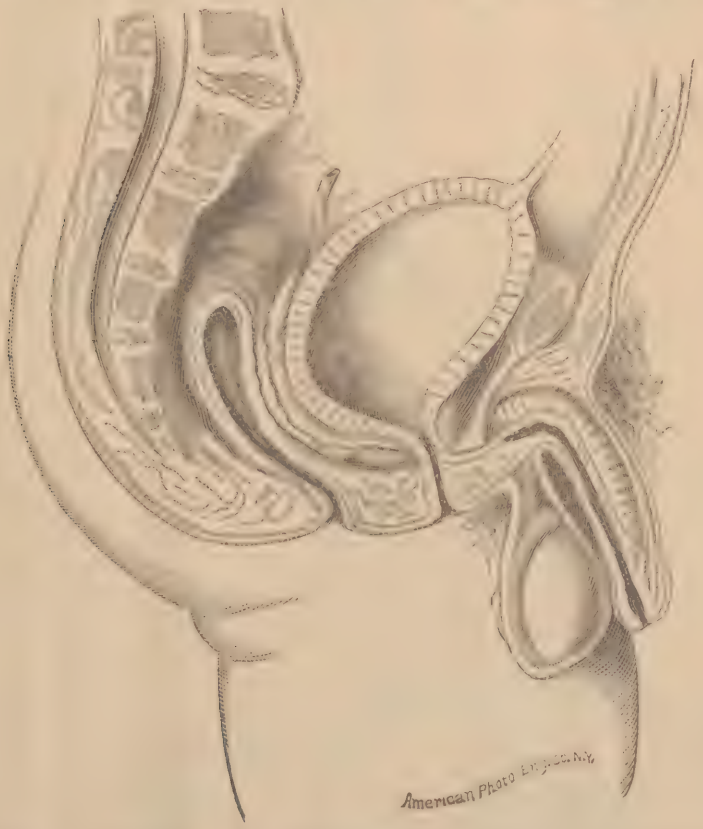
getic treatment for the purpose of dilating the urethra, it grew smaller and smaller, and we had to use instruments of a less size, until the canal got so small that we had to use a No. 1 as his daily instrument. Once in about three months he would have an attack of hematuria, at which times he would lose considerable blood. This condition of affairs continued with a fair general health, until April 21st, 1885, when I was called suddenly at midnight to see him. I found him suffering from his usual retention. A No. 1 catheter I finally, after a good deal of hard work, succeeded in introducing, but to my surprise I found that the bladder was entirely filled with what seemed to me to be a single clot of blood. Palpation on the outside confirmed the diagnosis, and aside from getting out one or two stringing clots, I was unable to remove any of the contents of the bladder. After long and continued attempts to break down this clot by manipulation with a small sound and the injection and washing out the bladder with hot water, I finally injected with the aid of the aspirator one drachm of Jensen's pepsin made into a solution with hot water. After this had been in the viscus for one hour, I found the clot dissolved and with a little vigorous washing, got the bladder completely emptied. The great difficulty which I experienced in these manipulations was that I had to use such small instruments, as the passage was so nearly occluded. This was the last time I was able to get any kind of an instrument into the bladder and by ten o'clock that evening it was entirely closed from within two inches of the meatus to that viscus. From this time the interesting subject was presenting itself again and again, what shall I do for the best interests of my patient and to relieve his sufferings most permanently. In this connection it must be borne in mind that from the time of relieving the bladder of the clot up to the present, his sufferings had steadily increased, and by noon the following day the bladder was fully distended, though vain and repeated efforts to get in through the urethra had been made. Every means in my power were resorted to. Careful prolonged attempts at catheterization with hot and cold sounds, with every instrument of every size from a horse hair up, but with no avail. Hot water in the rectum, ice to the perineum, in fact, every resource at my disposal was successively tried with no result. I then aspirated over the pubes. This state of affairs continued for four days, aspirating twice a day and making many efforts to get into the bladder, with the patient suffering more and more all of the time—such suffering as morphine seemed to be powerless to allay; daily, hourly getting weaker and wishing and longing for death. I suggested perineal section as the only resource left to me. The patient eagerly grasped at the idea, declaring that he would rather die than live another hour in the condition he then was in.

On the 28th of April, with the assistance of my friend, Dr. J. J. Berry, of Portsmouth, N. H., he was placed under ether, and without a guide perineal section was made. On reaching the vesical sphincter I introduced the dilator illustrated in the accompanying cut, (which though made for the uterus, is a most valuable distender any where. The name of the inventor I do not know) and commenced to stretch that muscle. This was most thoroughly dilated to its fullest extent. This was performed so that the urine would flow away for a time and give all of the parts a rest, and particularly let the bladder recover its tone. It also was intended to exert a considerable pressure upon the hypertrophied prostate.

At this stage of the operation I made a transverse incision through the urethra, one inch above the superior angle of the wound, and dissecting it up, stitched it to the lips of the wound, virtually transforming the patient from a man into a



woman, as far as his urinary apparatus was concerned. The section shown in the cut fully illustrates this point. Though the operation lasted nearly one hour, the patient bore it remarkably well and rallied from the shock in a very short time. From that period out the change in the patient's condition was remarkable. Improved appetite; regular bowels; entire cessation of pain; entire withdrawal of the morphia, which had to be administered to allay suffering; in short, general



improvement of the health. He rallied at once and from the date of the operation till the complete healing of the wound, which took about three weeks and one half, he steadily improved. When he desired to make water, he would take a full size silver female catheter, put it into the artificial meatus, and pass it directly into the bladder without the slightest difficulty, and, though he died some time after from pneumonia, up to that time he had no trouble whatever with either his bladder or urine in any way. The cut Fig. 2, shows the site of the external meatus, and site of the incision through the perineum. By this operation human life was prolonged and human suffering relieved.

AN IMMENSE VENTRAL HERNIA.

Ventral herniæ are not at all uncommon, and large ones have been reported from time to time as appearing in the public hospitals of our large cities, but I do not believe that a case as large as this one, is frequently met with in private practice.

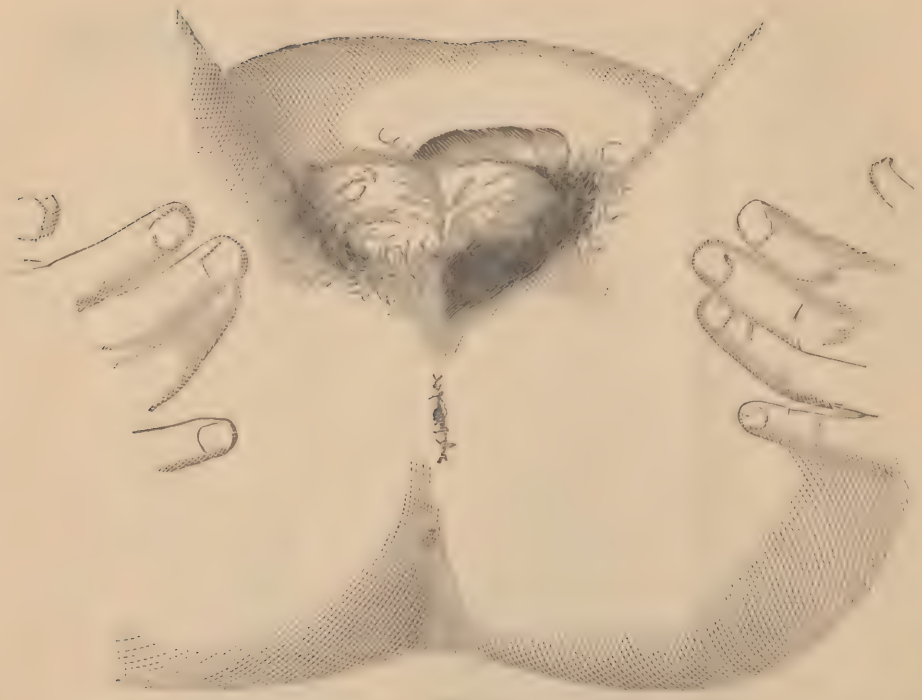


FIG. 2.

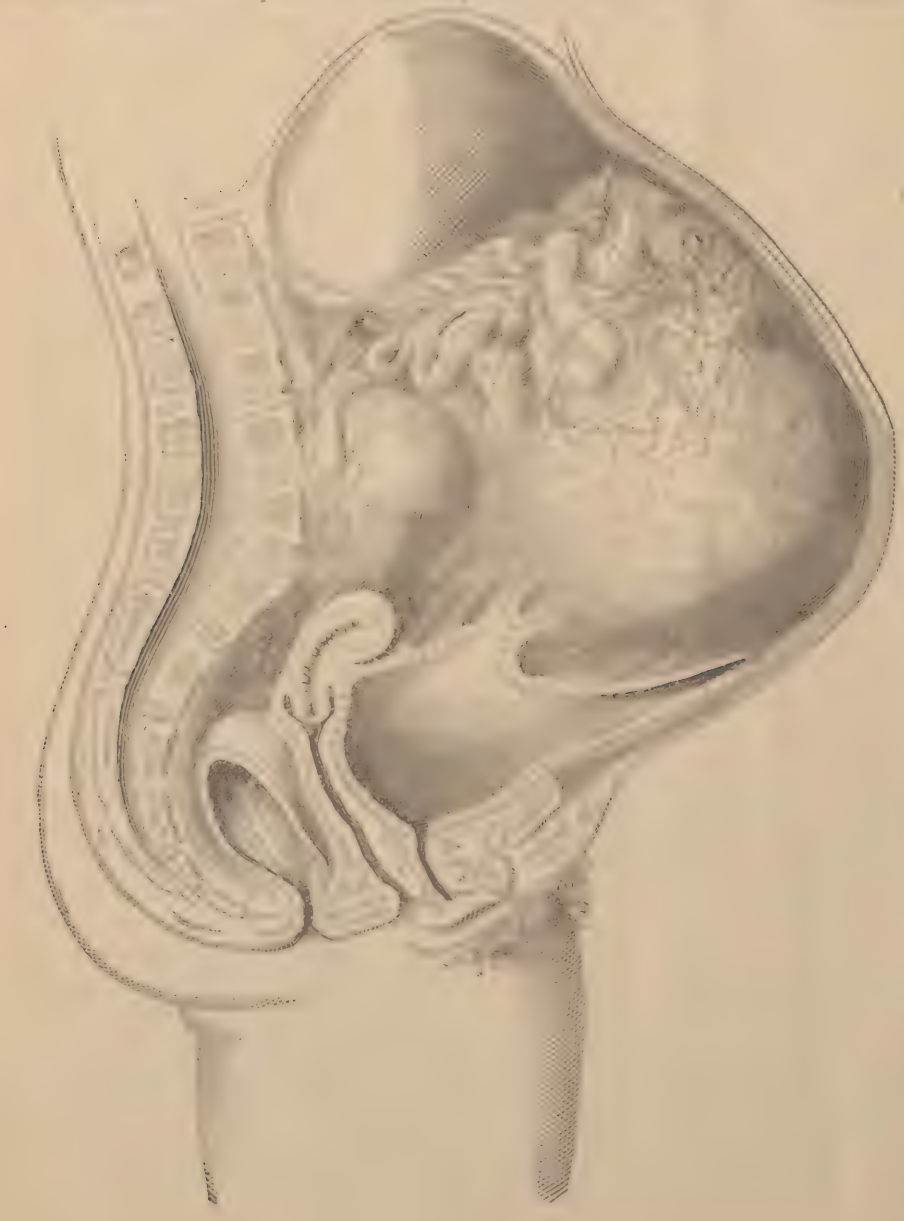
On the 11th day of April, 1885, I was called by my friend, Dr. J. H. Benedict, of Danbury, in consultation (with a view to an operation) to see Mrs. P., aged 49, American, married, no children, whose health for some time had been very poor, which was attributed in a measure to this immense tumor, though she had chronic bronchitis for a long time. She was then in bed with an acute attack of that malady, and consequently somewhat debilitated. Her history of the hernia was as follows: About ten years ago while she was wringing out some clothes, and while in the act of leaning over the tub in order to do so, she felt something give

way, and shortly afterwards she noticed a small enlargement, which commenced one inch below the umbilicus. It gradually increased in size for about five years, when it seemed that she carried all of the intestines in this artificial cavity. At the time I saw her the tumor measured ten and one half inches in its short diameter, and thirteen and three-quarters in its long one. By taxis it could be reduced about two-thirds, and the opening was so large that there was but little, if any, danger of strangulation. We decided to have a truss made for it, which she has since worn. In a recent letter from Dr. Benedict, he says: "It does not trouble her as much as it did when you saw it. Some mornings it is not larger than an orange. Her health is good and she looks much better." The cut illustrates her condition better than I can describe it.

AN UNUSUALLY COMPLICATED OVARIOTOMY.—SECOND OPERATION IN THE SAME PATIENT.—DEATH.

In the series of cases I presented last year was that of a simple cyst of the left ovary in Mrs. N., aged 62, American, married, no children, on whom I operated on the 23rd of February, 1885, removing a tumor weighing twenty-two pounds, and which resulted in a rapid and complete recovery, the patient getting around the house in about three weeks. At the time of the operation the right ovary was carefully examined and no trace of cystic degeneration was discernible. Some time during the month of August following, she consulted me in reference to pains in the abdominal cavity associated with difficult and painful micturition. Supposing that she was suffering from a simple cystitis which the symptoms as described clearly simulated, I gave her a prescription for that trouble, which in a measure relieved her. In a short time, however, the symptoms returned and increased in intensity until about the middle of September, when I was called to see her again. At this time she called my attention to the site of the incision made at the time of the first operation and informed me that she thought that it was beginning to bulge a little more than usual, and surmised that it might be a commencing ventral hernia. At this time I examined her and to my amazement I found that she had a small cyst of the right ovary and that the symptoms which she had complained of all along were due to pressure and probable adhesions. I gave her palliative remedies for the urgent symptoms, and advised that she should wait a while before the second operation was performed, as her general health was very good. The pressure increased, involving the bladder and rectum, tenesmus being present in both organs. The pain from this cause alone was so great and constant, and as the general health was becoming impaired, I placed her on a preparatory treatment consisting of careful attention to the skin, bowels and administration of a liberal diet, and on Monday, the 11th day of January, 1886, with the assistance of my friends, Doctors G. L. Porter, of Bridgeport, L. D. Wilcoxson, of Newtown, and E. M. Smith, my associate in practice, I operated in the following manner. The following antiseptic precautions were taken: One hour before the performance of the operation, the room was filled with a spray of carbolic acid which was continued during the whole time. The sponges were put in a solution of bichloride, 1 to 1,000, and the instruments in a solution of carbolic acid, 1 to 30. The temperature of the room was at about 85°. Previous to the operation the room was thoroughly cleaned, the walls whitewashed with carbolized whitewash, and the floors scrubbed with a solution of carbolic acid, all of the bedding having been washed in a solution of the same. Just before the patient was taken into the operating room her bowels and bladder were evacuated. Twelve hours previous she had taken ten grains of quinine.

After the parts were shaved and well scrubbed with soap and water, and bathed with a solution of bichloride, an incision about four inches long was made a little to the right of the site of the old cicatrix, and the tissues rapidly divided. On passing the sound through the wound into the abdominal cavity, it was found that extensive adhesions were present. As many of these as possible were broken off with that instrument. The patient was then turned upon her side and the contents of the sac evacuated with the trocar devised by myself. After the patient had been replaced in the recumbent position, the sac was drawn out as far as the adhesions would allow and the work of separation was begun. I first found that the sac was so firmly attached to the omentum, that two ligatures were thrown around this viscus and the omentum divided between them close to the attachment.



After this was done the transverse colon was found to be firmly united, which was patiently teased loose. Then the worst adhesions of all were found existing between the bladder and the cyst. On examination it was simply impossible for any one to tell where the bladder commenced and the cyst ended. These attachments were at the base of the bladder, and it was not until the sound was passed into the bladder itself that the line of demarcation could be made out.

The separation of the bladder required under these circumstances a great deal of time and patience; but it was finally accomplished. After this was done a second cyst, a small one, was found lying under the first one. This was emptied by accidentally rupturing the sac, and the contents escaped into the abdominal cavity which was rapidly sponged out. On further examination the sac was found to be firmly adherent to the rectum and the pelvic tissue behind. These were broken down, all except a small number which were so firmly attached that it was decided to let them remain. A double carbolized iron-dyed ligature of silk was then thrown around the stump and the sac removed. During the whole operation there had been an unusually small quantity of blood lost. All of the bleeding points were stopped with the cautery, the cavity washed out with a 1 to 2,000 solution of bichloride, the opening closed in the usual way and the toilet completed.

The operation lasted one hour and three-quarters. The patient was put in bed, surrounded with hot bottles and a quarter of a grain of morphine given hypodermically. Pulse 100; temperature 100°. The patient rallied quickly and there was little, if any, evidence of shock. A tablespoonful of champagne was given and ice dipped in brandy was allowed *ad libitum*.

8 P. M.—Pulse 99; temperature 98.° Gave another dose of champagne. Wants ice constantly. Gave an injection per rectum of two tablespoonfuls of Murdock's Liquid Food.

Midnight.—Pulse 104; temperature 99.1°. From 9 P. M. to 12, several doses of champagne and one injection of Liquid Food were given.

From midnight till 4 A. M. rested quietly and only one injection of the Food was given, and one dose of the wine.

From 4 to 8 rested well. Champagne and injection were given at 8 A. M. Pulse 102; temperature, 99.4°.

From 8 to 12 she rested quietly dozing most of the time, taking during the interval ice and brandy, champagne in small doses, and an injection of the Food at 9 A. M., temperature, 99.4°; pulse, 120.

At 4 P. M., pulse, 120; temperature, 101°. From 9 A. M. to 5 P. M. patient was very comfortable and rested quietly. At 5 o'clock a teaspoonful of Murdock's Liquid Food was given and she retained it. In this interval she took three injections of the Food, also considerable ice and brandy. About once in three hours a hypodermic injection of morphia was given. The pulse was strong and good; does not require so much ice; the thirst not so great; breaks wind freely and is perspiring a little; is cheerful and hopeful. Pulse at 8 P. M., 116; temperature, 99.4°.

The treatment was the same. Has made water naturally about once in eight hours ever since the operation. She slept well till midnight; a little restless after that; and at 8 A. M. the pulse was 120 and temperature 100°. From this time till nine o'clock in the evening she gradually grew weaker and though every effort was made to keep up the strength and stimulate her, it was all of no avail and she died at nine P. M., the third day after the operation. A careful examination revealed no special tenderness; no tympanites or other evidence of inflammation and no especial elevation of the temperature. She seemed to die of the

simple failing of the vital forces to carry on the process of repair. I have never seen an operation of this character, where the adhesions were so numerous, firm and extensive. The cyst seemed to be fairly glued to all of the contents of the abdominal cavity and to the pelvic tissue surrounding. Sometimes our unsuccessful cases carry a greater lesson than our successful ones, and believing this to be an unusually complicated one, I have reported it for the lessons which it conveys. It shows that a great number of firm adhesions may and do form without any apparent symptoms of inflammation of the peritoneum or the contents of the abdominal cavity; and second, that even the most formidable cases, when the operation consumes considerable time and skill, may recover as I believe this one would, had she not had two of these operations in the same year. Being of a naturally delicate constitution she could not stand the strain.

I do not believe that so formidable an operation, involving so many organs and followed with absolutely so little or no indications of inflammation has been frequently recorded. This immunity I lay to the washing out thoroughly of the abdominal cavity with the bichloride solution. The sufferings of the patient from pressure and pain caused by the cyst, warranted any operation tending toward relief.

I have up to date performed twenty-one ovariotomies with five deaths. The percentage of deaths may seem large but it must be remembered that none of these cases have been selected, but have been taken just as they came to me in the ordinary run of practice. The cut accompanying this paper will illustrate beautifully the condition of this poor patient at the time and just previous to the operation.

Reprinted from the
NEW ENGLAND MEDICAL MONTHLY,
July, 1886.